PTO/SB/22 (12-04)
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THE PARTY OF THE P		of information unless if displays a valid OMB control number. Docket Number (Optional)		
PETITION FÖR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2005			393032041200	
(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)				
Application Number 10/674,265		Filed Septe	filed September 26, 2003	
For MIXING METHOD, MIXING APPARATUS, AND PROGRAM FOR IMPLEMENTING THE MIXING METHOD				
Art Unit 2837			Examiner	J. Qin
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filling a reply in the above identified application. The requested extension and fee are as follows (shock time period desired and enter the appropriate fee below):				
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):				
X One m	onth (37 CFR 1.17(a)(1))	<u>Fee</u> \$120	Small Entity Fee \$60	\$ 120.00
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	nonths (37 CFR 1.17(a)(2))	\$450	\$225	\$
Three	months (37 CFR 1.17(a)(3))	\$1020 ·	\$510	\$
Four months (37 CFR 1.17(a)(4))		\$1590	\$795	\$
Five months (37 CFR 1.17(a)(5))		\$2160	\$1080	\$
Applicant claims small entity status. See 37 CFR 1.27.				
A check in the amount of the fee is enclosed.				
Payment by credit card. Form PTO-2038 is attached.				
The Director has already been authorized to charge fees in this application to a Deposit Account.				
The Director is hereby authorized to charge any fees which may be required, or credit any overpayn Deposit Account Number 03-1952 Have enclosed a duplicate copy of this sheet. For Transmittal form (PTO/SB/17) is attached to this submission in duplicate.				this sheet. Fee
I am the	applicant/inventor.			
assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).				
attorney or agent of record. Registration Number				
attorney or agent under 3Z CFR 1.34.				
\sim	Registration number if acting und	er 37 CFR 1.34	55,694	<u> </u>
	my		2 Octobe	r 27, 2005
	Signature		Date	
Hristo I. Vachovsky		(213) 892-5790		
Typed or printed name			Telephone Number	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.				
Total of	1 forms are submitte	d.		

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